

ND MMIS PROFESSIONAL WEB PORTAL TRAINING

LAURA HOLZWORTH, MEDICAL SERVICES DIVISION



Health & Human Services

ND MMIS Web Portal Professional Claim Form Submission Instructions



Go to https://mmis.nd.gov/portals/wps/portal/EnterpriseHome



Home

Program >

Member ▶ Provider ▶ Documentation ▶ Directories ▶



Welcome

Print | - -

Welcome to the North Dakota MMIS Web Portal.

ND MMIS has established a scheduled maintenance window for calendar year 2019 from 9:00PM to 4:00AM Central Time on the 2nd Thursday of the month with the following exceptions: Jan 17, Apr 17, May 16, Nov 7, and Dec 19. During the maintenance window, the

Provider Registration

To obtain a user id and password, Providers and Trading Partners must have an approved enrollment with North Dakota and have received their Provider or Trading Partner ID.

Register

Quick Links

- FAQ
- Find a Healthcare Provider
- Benefits Overview
- Provider Enrollment
- Report Fraud & Abuse

Sign In

_ 0

Log into the system based upon your role:

Providers

Internal Users



Home

Program >

Member ▶ Provider ▶ Documentation ▶ Directories ▶



Dec 19. During the maintenance window, the system may not be

accessible.

Provider

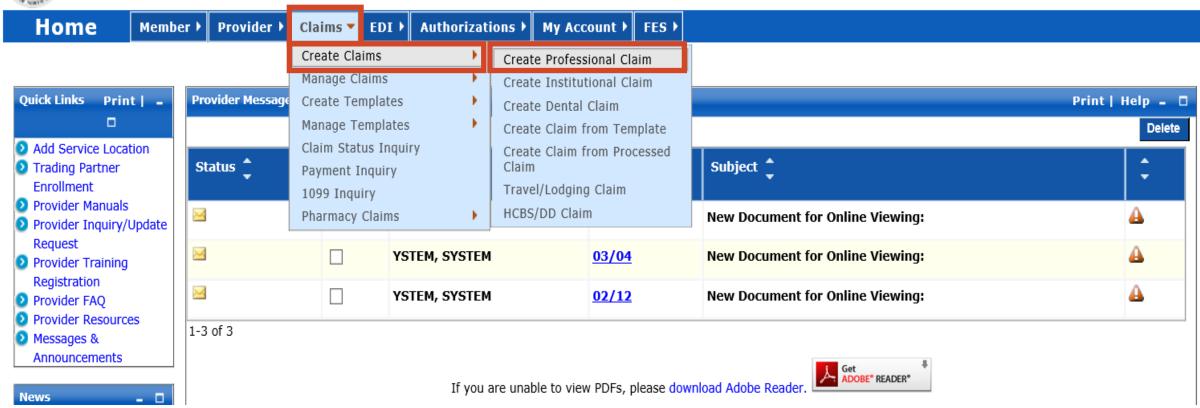
The Health Enterprise Portal is a state-of-the-art electronic health care administration system that gives patients, doctors, pharmacists and other users easy, secure and efficient access to health care information.

	1
ProviderLogin	
ro access secure areas of the portal, please log in by entering your User ID and Password.	
* User ID:	
* Password:	
Forgot User Name or Password ?	
	Login Reset

> Provider Login

USER ID and **Password**





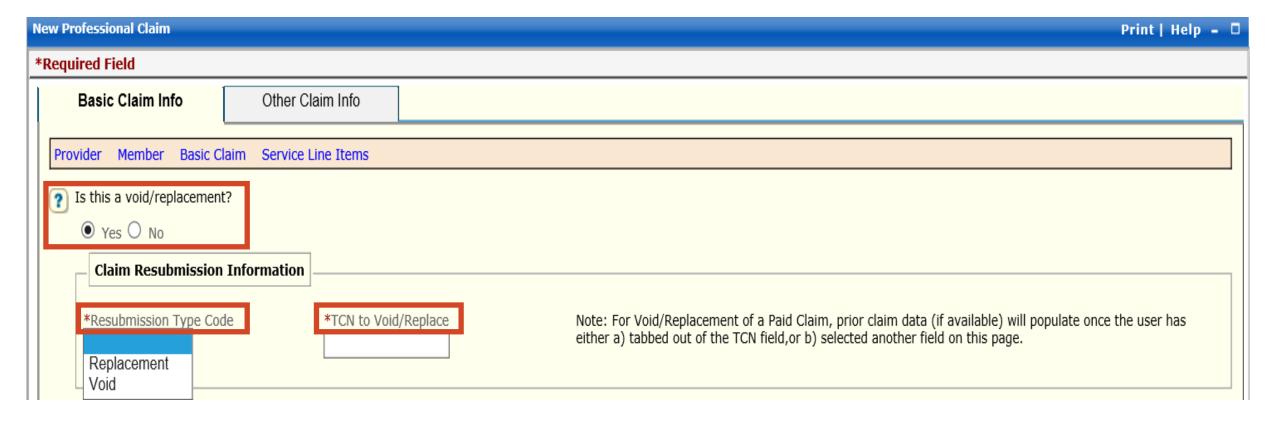
> Submit a Claim

- Claims
- Create Claims
- Create Professional Claim



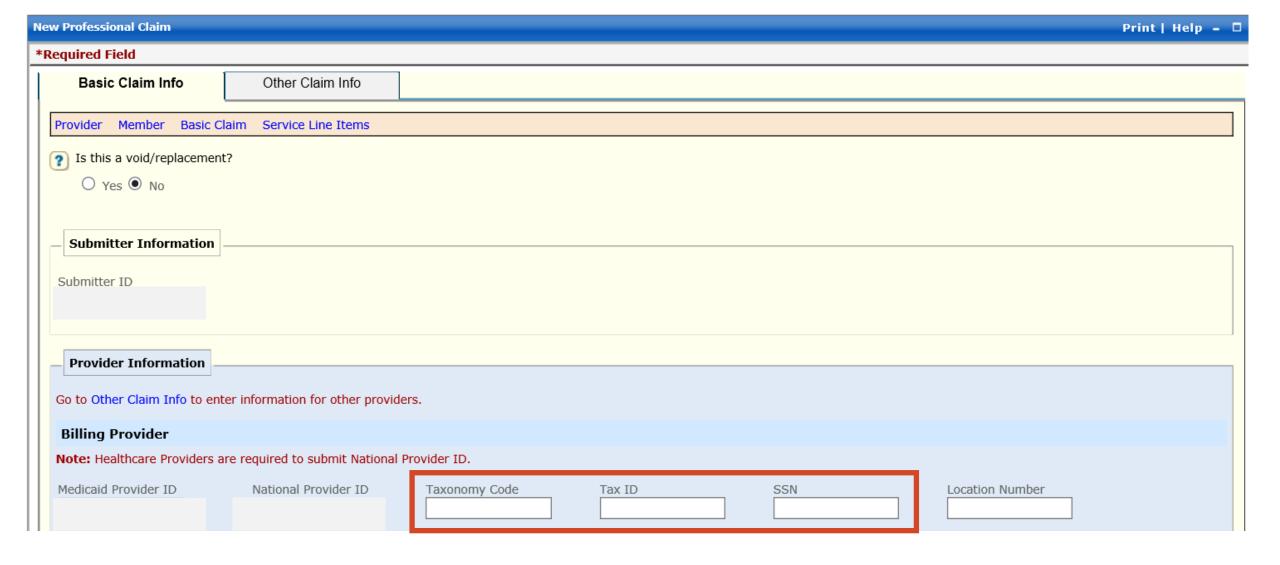
> New Professional Claim

- Is this a void/replacement?
 - ✓ Defaults to "No."
 - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.

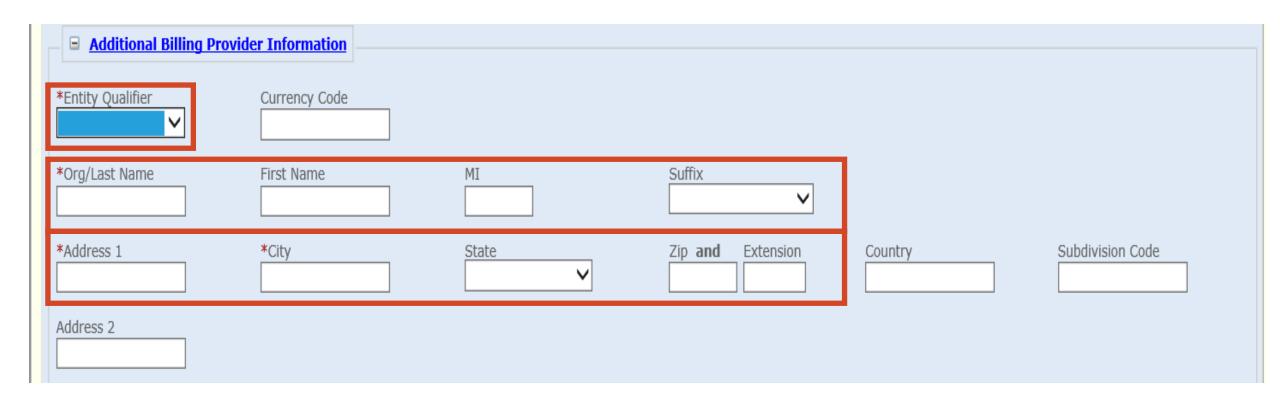


> New Professional Claim

- Is this a void/replacement?
 - ✓ Select "Yes" **only** if you are replacing or voiding a previously processed claim.
 - ✓ Resubmission Type Code Replacement or Void
 - ✓ TCN to Void/Replace

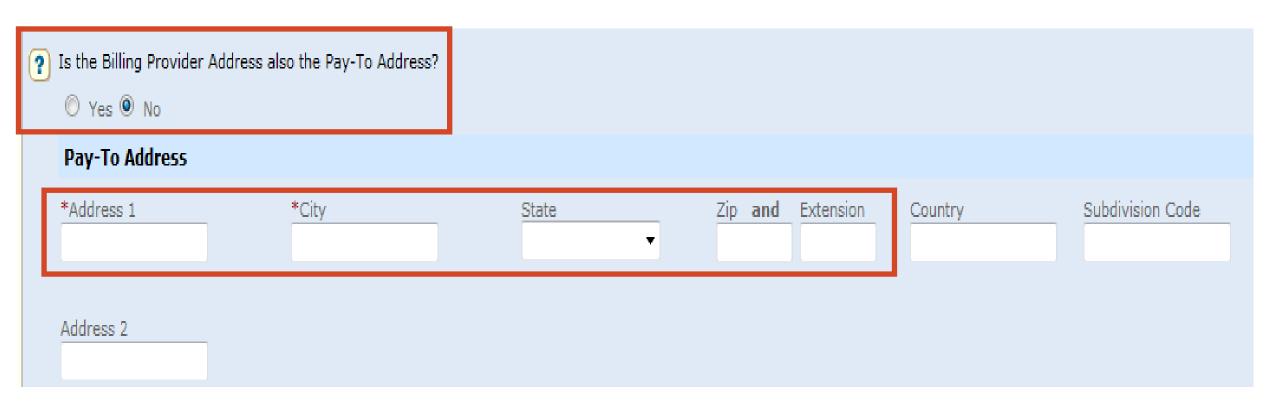


- **Enter** Billing Provider Taxonomy Code
- **Enter** Billing Provider Tax ID or SSN Number



> Additional Billing Provider Information

- REQUIRED
- **Select** Entity Qualifier non-person or person
- Enter Org/Last Name, Address, City, State and Zip Code



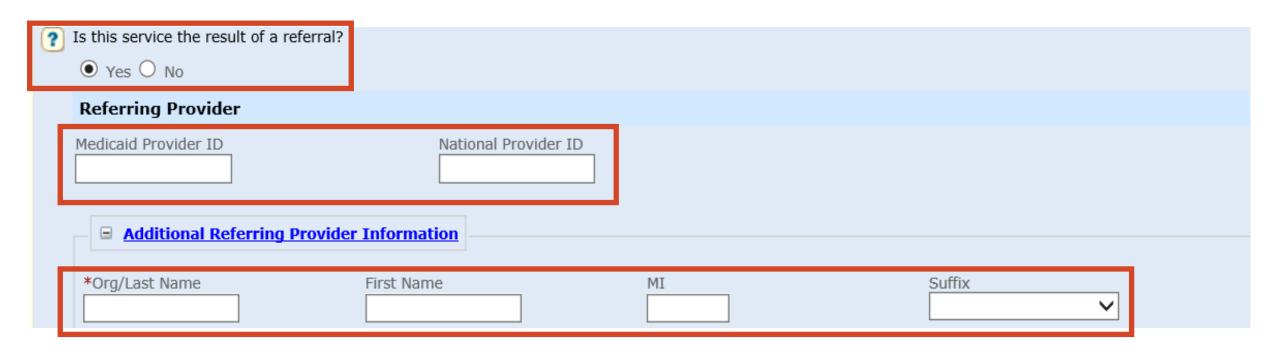
> Is the Billing Provider also the Pay-To Address?

- Required Defaults to "Yes"
- Pay-To Address is different, select "No"
 - ✓ Complete the Pay-To Address section with the Billing Provider Name, Address, City, State and Zip Code



> Is the Billing Provider also the Rendering Provider?

- Required Default to "Yes"
- Rendering (Performing) Provider is different select "No"
 - ✓ Enter Rendering (Performing) Provider Medicaid Provider ID
 - ✓ Enter Rendering (Performing) Provider NPI Number
 - ✓ Enter Rendering (Performing) Provider Taxonomy Code



> Is this service the result of a referral?

- Defaults to "No"
- If "Yes" Referring Provider Medicaid Provider ID and NPI (National Provider ID)

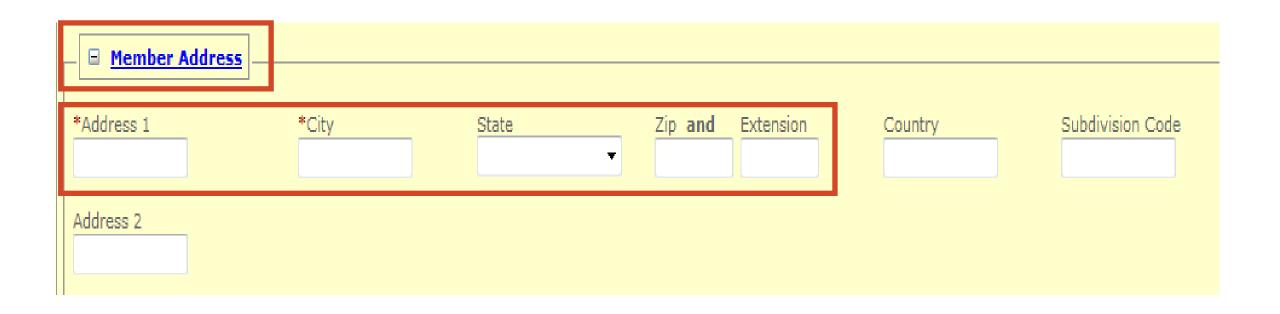
> Additional Referring Provider Information

- Org/Last Name and First Name
- MI and Suffix if applicable



Member Information

- REQUIRED
- Enter Member's 9-digit ID number
- Enter Member's Last Name
- Enter Member's First Name
- Enter Member's Date of Birth
 - ✓ Use format: MM/DD/YYYY
- Enter Member's Gender
 - \checkmark F = Female
 - \checkmark M = Male

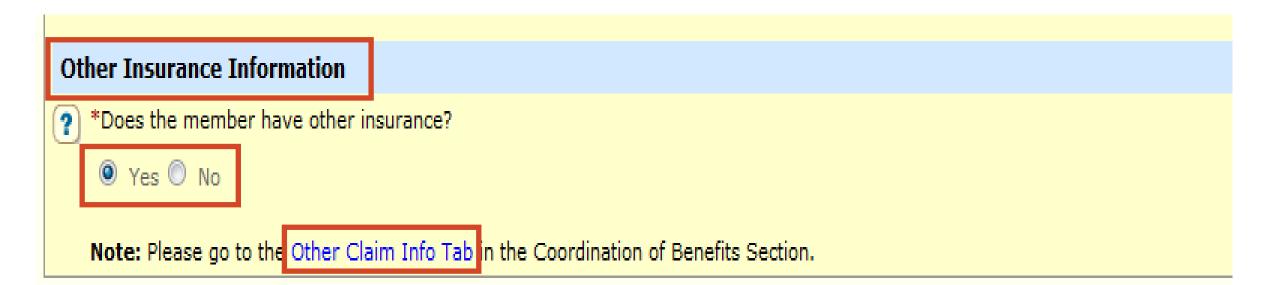


Member Address

- REQUIRED
- Enter Member's Address, City, State and Zip Code

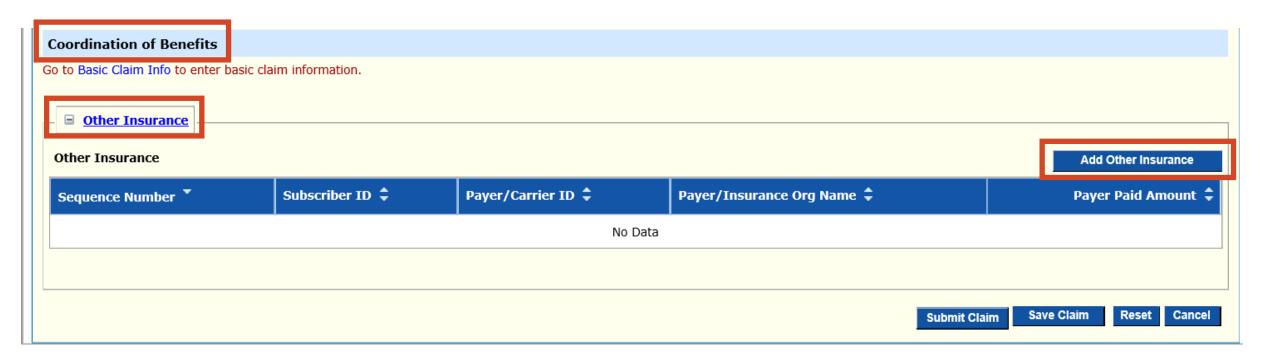


- > Does the member have other insurance?
 - Yes or No
- ➢ If "No" member does not have other insurance proceed to slide 29
- > If "Yes" member has other insurance proceed to slide 16



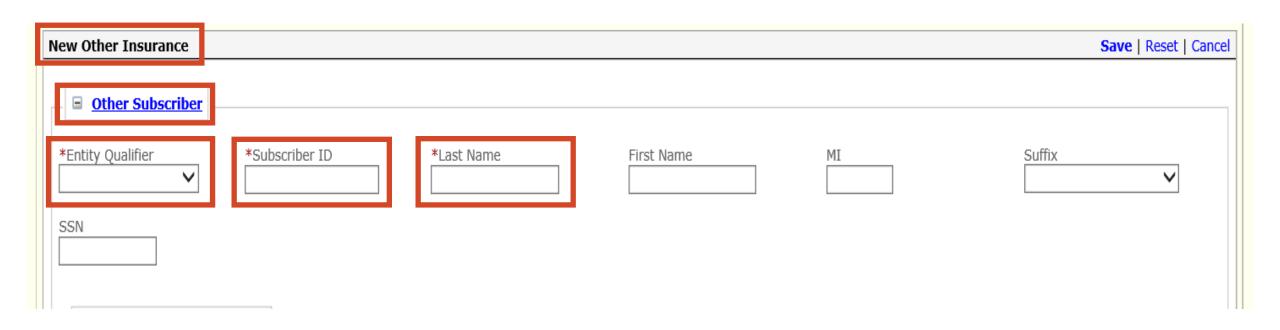
> Other Insurance Information

- REQUIRED
- Does the member have other insurance?
- Select "Yes"
- Click and complete the Other Claim Info Tab with the Other Insurance information



> Coordination of Benefits

- REQUIRED
- Other Insurance
- Add Other Insurance



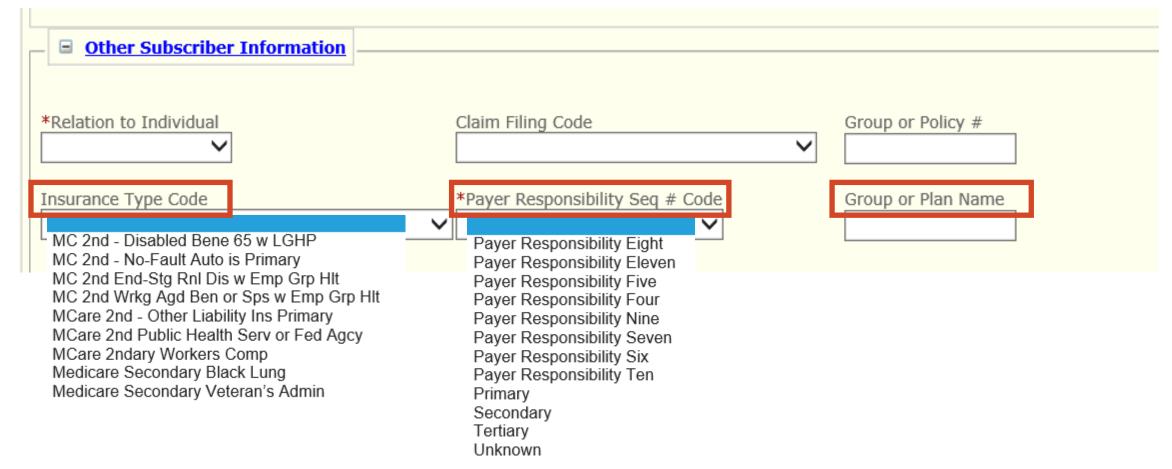
> New Other Insurance

- REQUIRED
- Other Subscriber
- Entity Qualifier Non-Person
- Subscriber ID Member's Primary Insurance ID number
- Last Name Member's Last Name



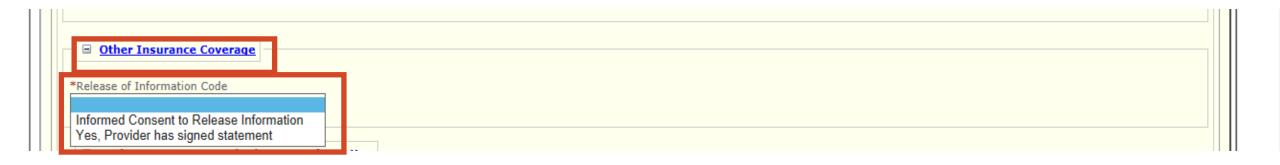
Other Subscriber Information

- REQUIRED
- Relation to Individual
- Claim Filing Code
- Group or Policy number



> Other Subscriber Information

- REQUIRED
- Insurance Type Code
- Payer Responsibility Seq # Code
- Group or Plan Name

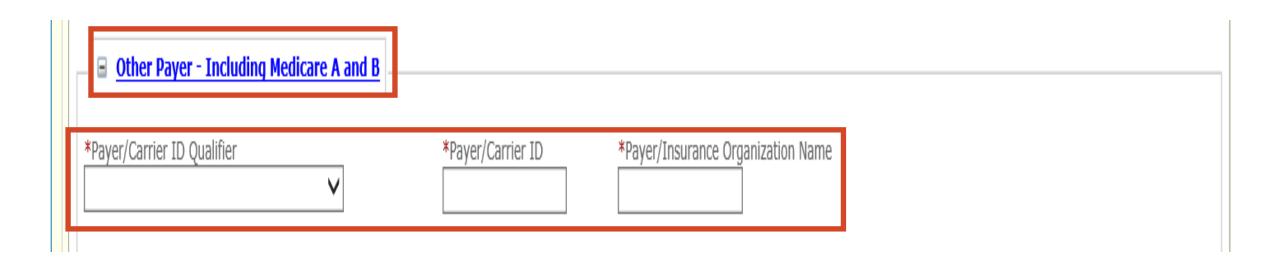


> Other Insurance Coverage

- REQUIRED
- Release of Information Code
- Select appropriate value

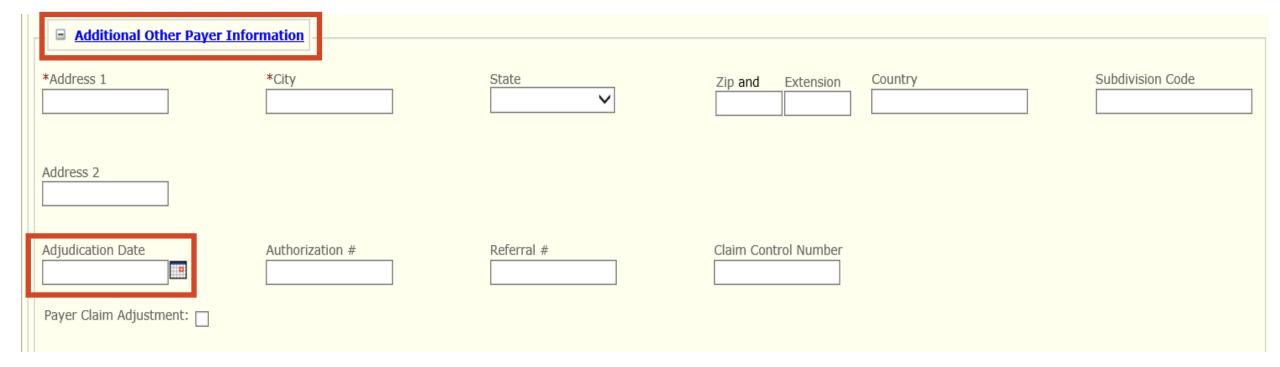
Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes

Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim



> Other Payer - Including Medicare A and B

- Payer/Carrier ID Qualifier Select Payer Identification
- Payer/Carrier ID Insurance Payer/Carrier ID number
- Payer/Insurance Organization Name Insurance Name



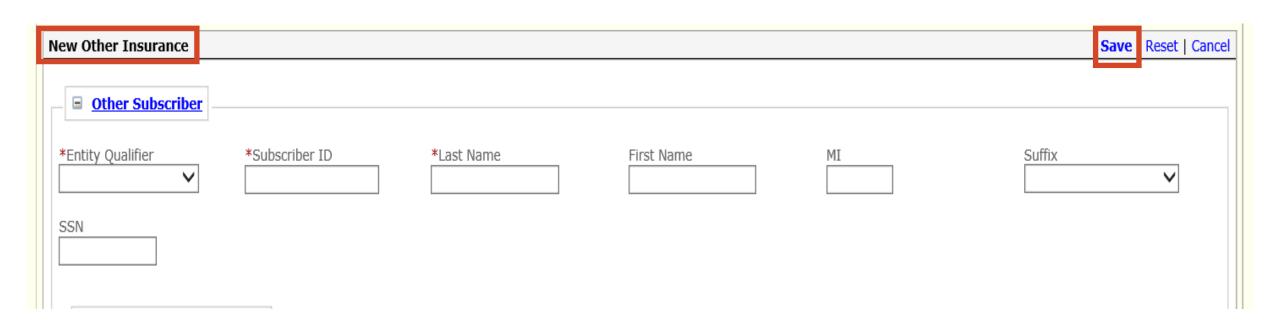
> Additional Other Payer Information

Adjudication Date



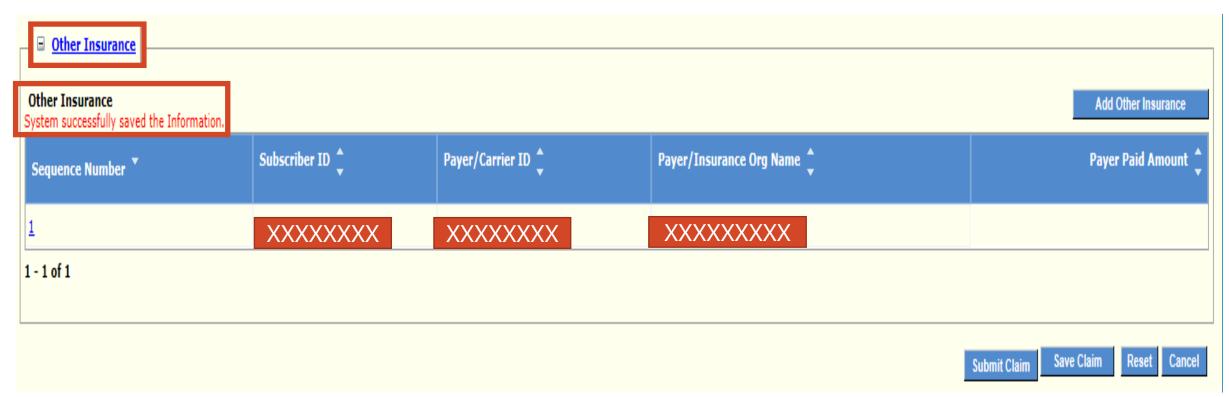
> COB Monetary Amounts

- Payer Paid Amount
- Remaining Patient Liability
- Total Non-Covered Charge Amount



> New Other Insurance

- REQUIRED
- Scroll to the top of New Other Insurance section
- > SAVE



> System successfully saved the Information

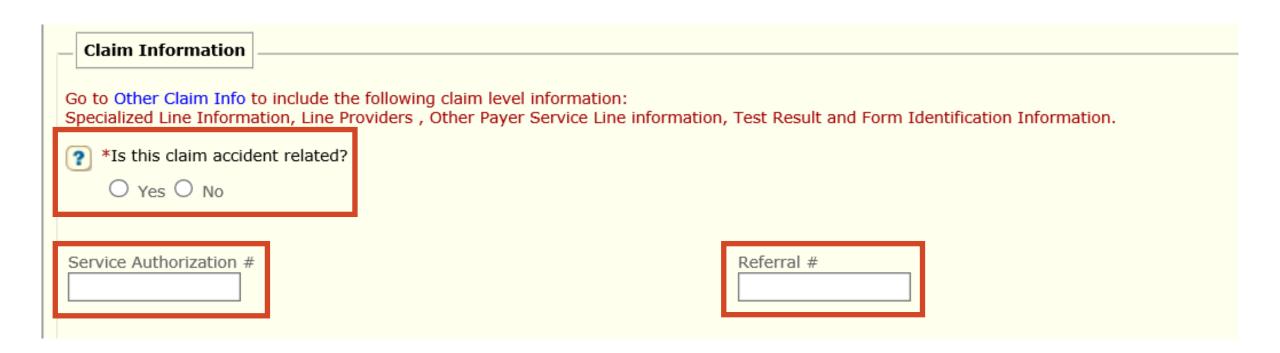
- Verify the Insurance was added
- Sequence Number
- Subscriber ID
- Payer/Carrier ID
- Payer/Insurance Org Name
- Repeat slides 17 25 if member has more than 1 payer



> Save Claim

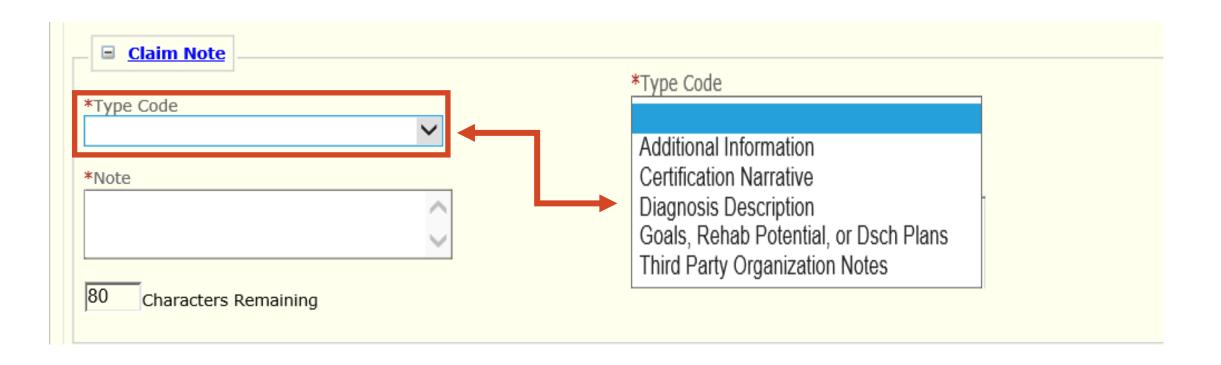


> Navigate to the Basic Claim Info Tab



> Claim Information

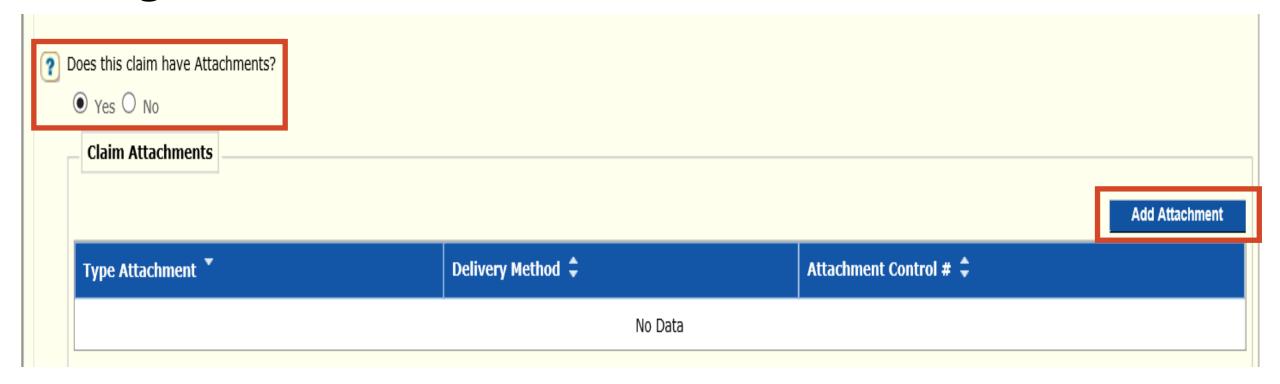
- Is this claim accident related?
 - ✓ Yes or No
- Service Authorization # if applicable
- Referral # if applicable



> Claim Note

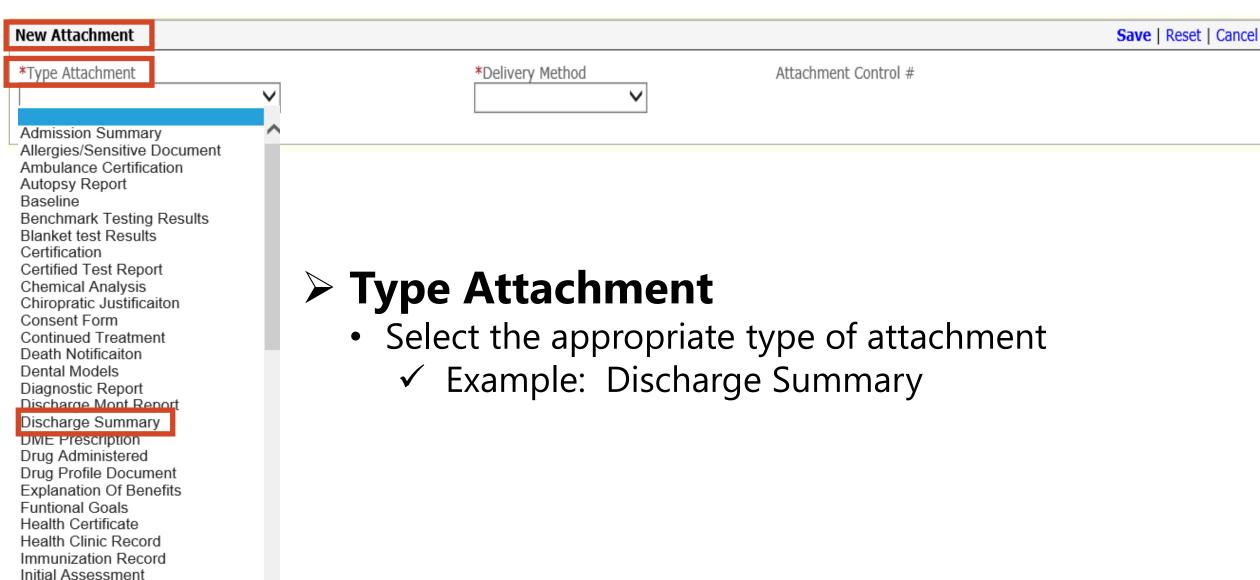
- Add any pertinent information
 - ✓ Example Note: Proving the One-Year Timely Filing Limit Policy Remittance Advice (RA) Date and TCN Number

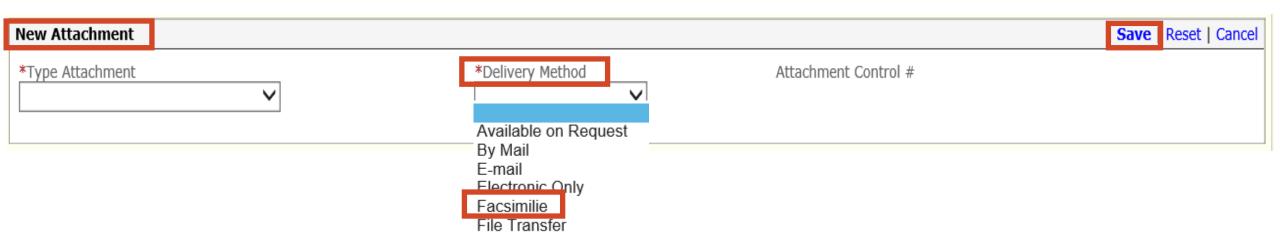
Faxing in an Attachment



> Does this claim have Attachments?

- Yes or No
 - ✓ Yes
 - ✓ Add Attachment





Delivery Method

- Select the Facsimilie
- Faxed documentation needs to have a SFN177 cover form
- SFN 177 link: https://www.nd.gov/eforms/Doc/sfn00177.pdf
- > SAVE
- Claim Submitted Confirmation Page may be substituted for the SFN 177

MMIS ATTACHMENT COVER SHEET – SFN 177





Complete this form and include it as the cover sheet for all attachments or additional documentation being submitted to the North Dakota Department of Human Services Medicaid.

orresponding Record Number	
	1
pe of Attachment (select only one)	
Claim	
Transaction Control Number (TCN)	Fax To:
	701-328-0374
Service Authorization (SA) Number	Fax To:
Service Authorization (SA) Number	
	701-328-1544
Referral	
Referral Number	Fax To:
	701-328-1544
Other	
Description	Fax To:
	701-328-1544

Required

- Provider NPI or Medicaid Number
- Member Medicaid Number
- Type of Attachment Select only one
 - ✓ Claim Transaction Control Number (TCN)
 - ✓ Service Authorization (SA) SA Number
 - ✓ Referral Referral Number
 - ✓ Other Description

Mail to:

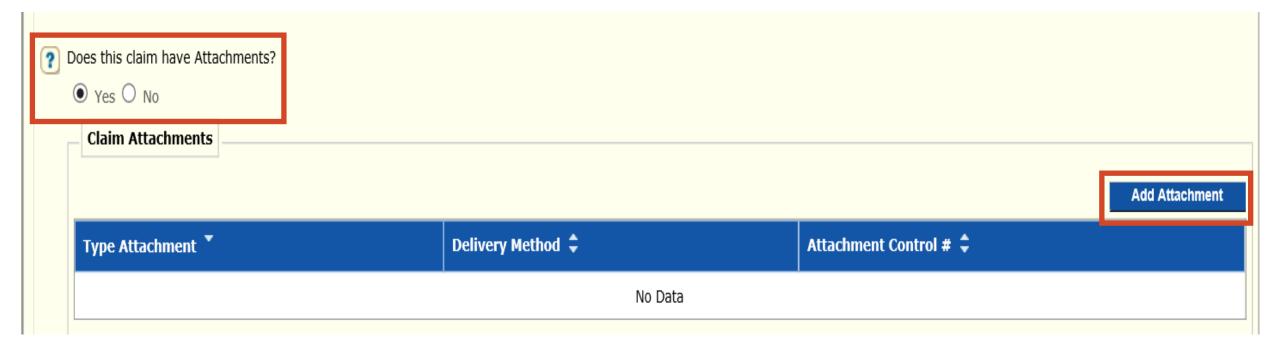
North Dakota Department of Human Services MMIS Attachments 600 East Blvd Ave. Bismarck, ND 58505

Telephone Number: 1-877-328-7098

Provider NPI or Medicaid Number

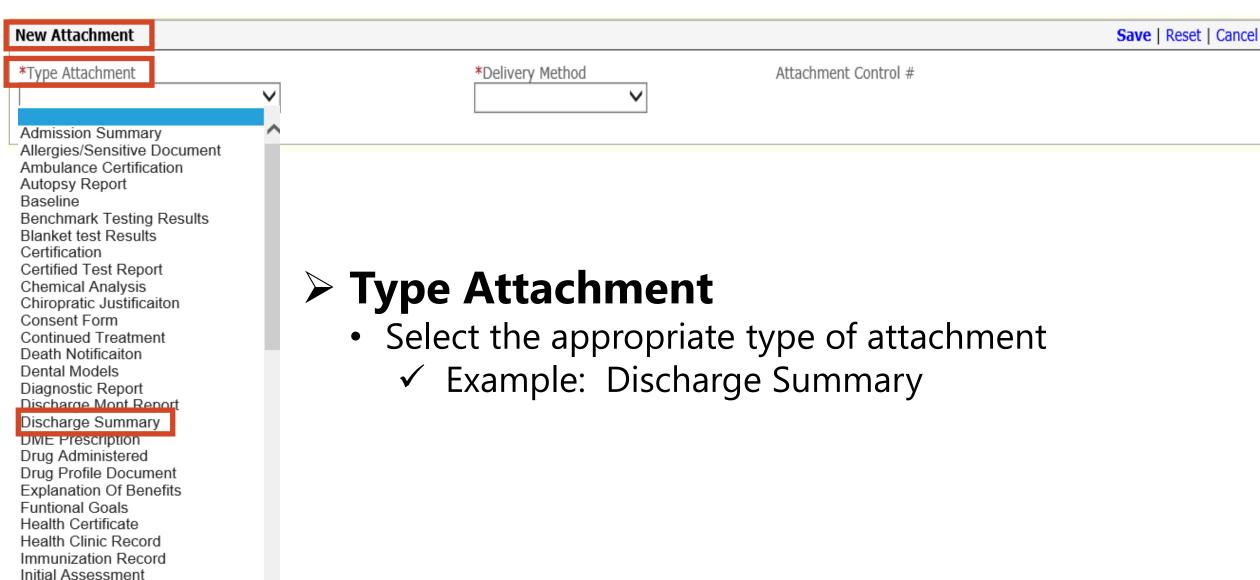
Member Medicald Number

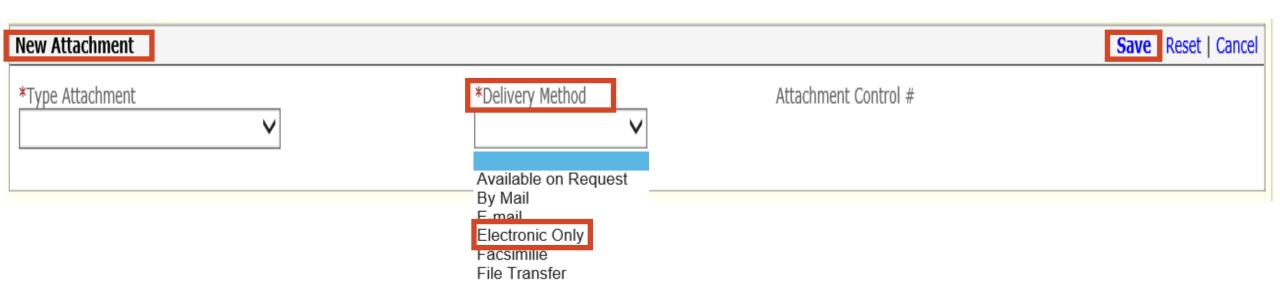
Electronic Only in an e-Attachment



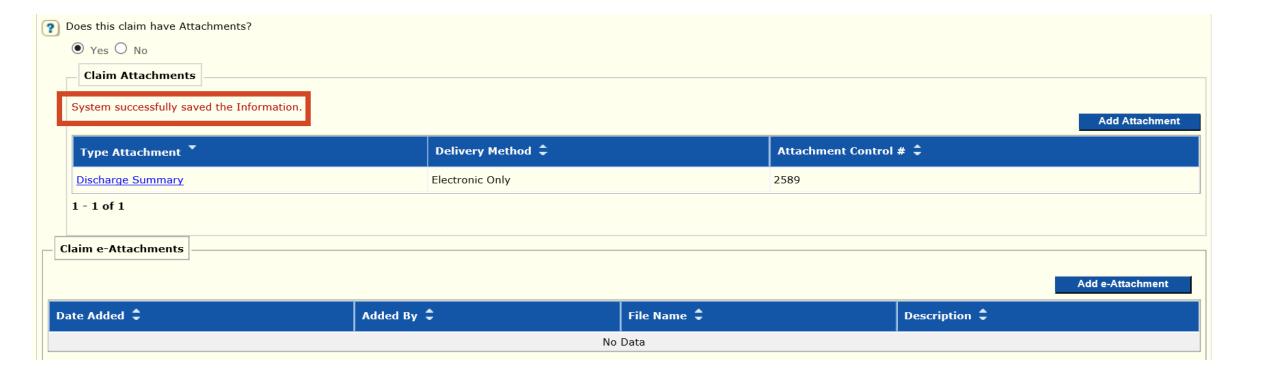
> Does this claim have Attachments?

- Yes or No
 - ✓ Yes
 - ✓ Add Attachment

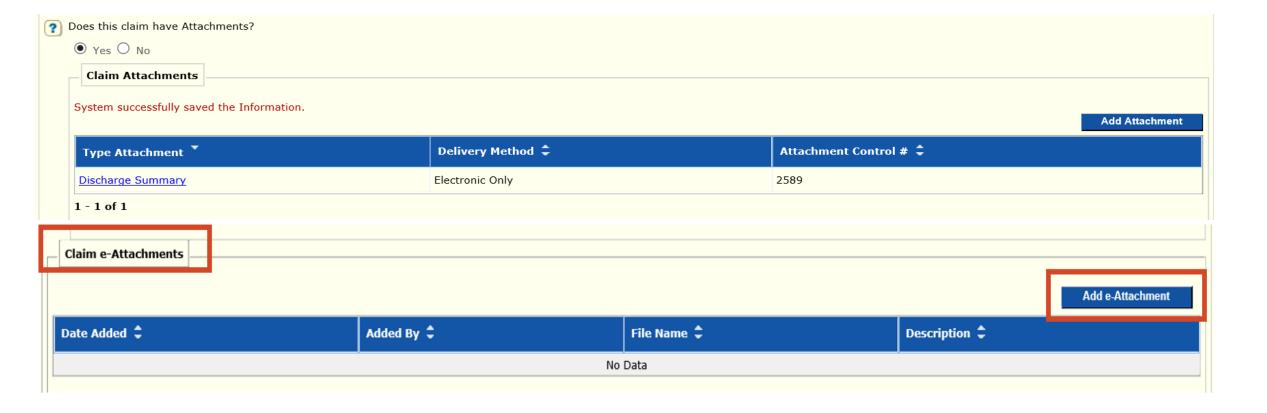




- Delivery Method
 - Select the Electronic Only
- > Save

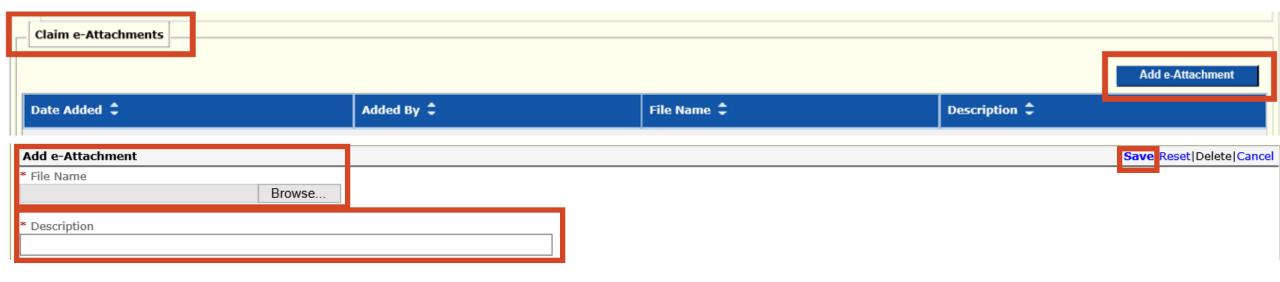


> Save - System successfully saved the Information



> Does this claim have Attachments?

- Yes or No
 - ✓ Yes
 - ✓ Add e-Attachment



> File Name

- **Cannot** be more than 55 characters
- Cannot have special characters: example !@#\$

> Select Browse

Insert/select file that is saved to your computer

Description

• Content of attachment: example Periodontal Chart

> SAVE



> File Name

- Cannot be more than 55 characters
- Cannot have special characters: example !@#\$

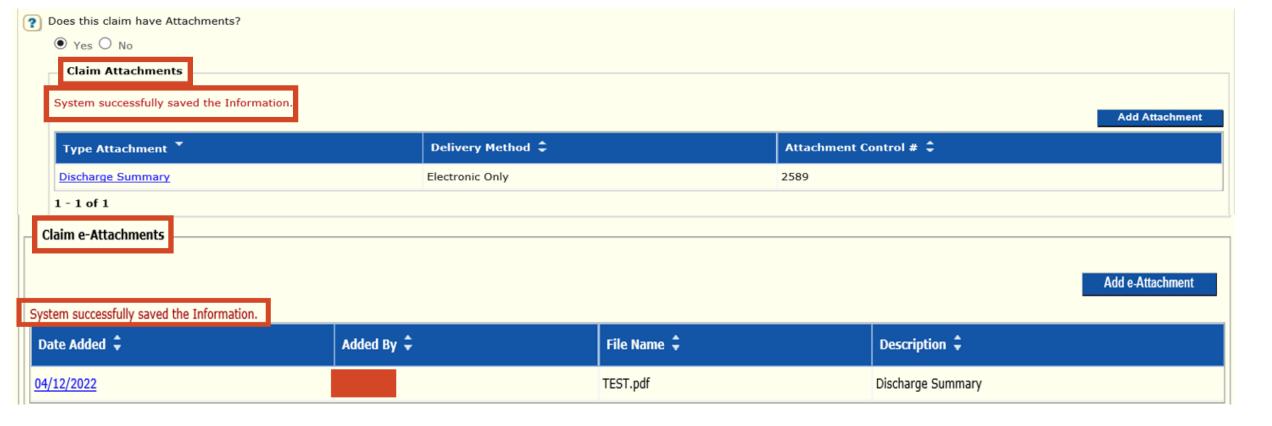
Select Browse

Insert/select file that is saved to your computer

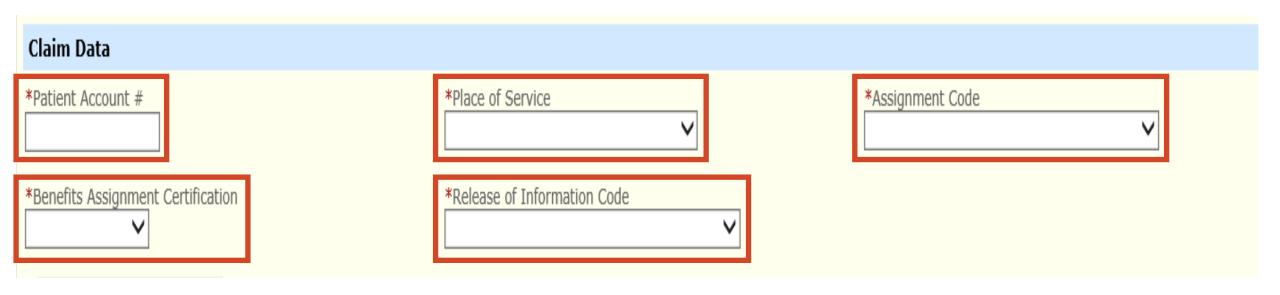
> Description

Content of attachment: example Periodontal Chart

> SAVE

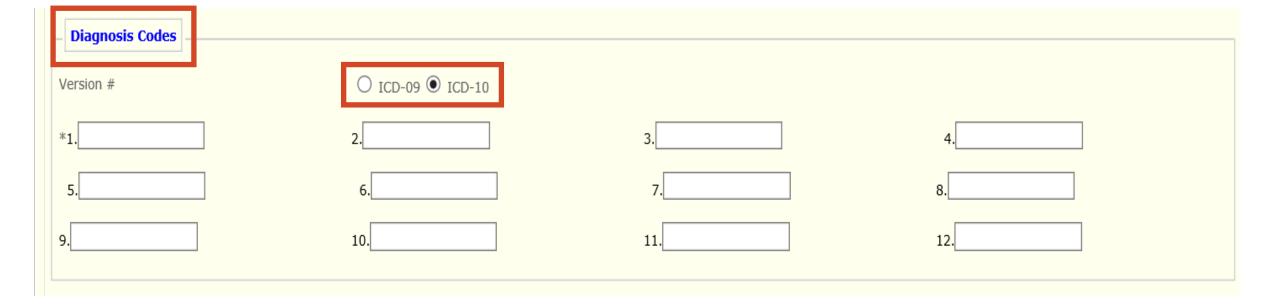


- Save System successfully saved the Information
- > Claim Attachment and Claim e-Attachment must be completed
- > Note: If resubmitting/adjusting a claim, all documents need to be attached again.



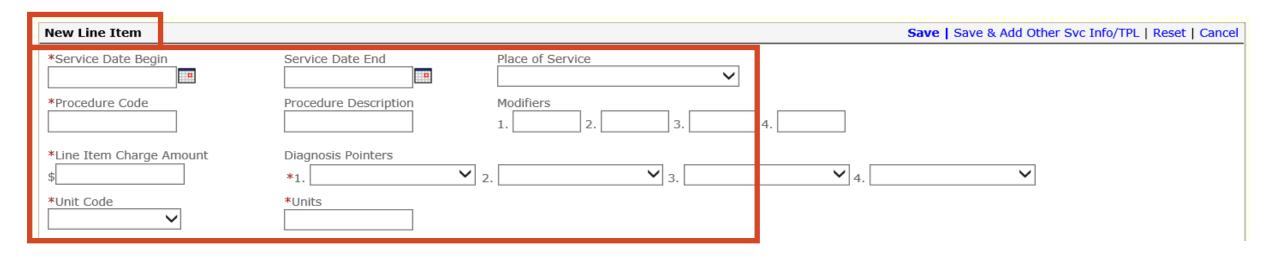
> Claim Data

- Patient Account #
- Place of Service
- Assignment Code
- Benefits Assignment Certification
- Release of Information Code



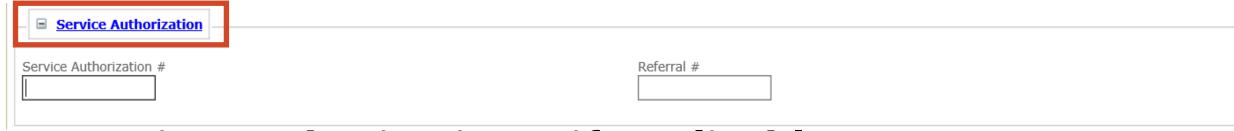
Diagnosis Codes

- REQUIRED
- Version # Defaults to ICD-10 if Date of Service is older than 10/01/2015 select ICD-09
- Principal Diagnosis Code
 - ✓ Enter the Diagnosis Code for the Member's primary, secondary condition ect.



> New Line Item

- Service Date Begin and Service Date End Use format: MM/DD/YYYY
- Place of Service
- Procedure Code
- Modifiers if applicable
- Line Item Charge Amount
- Diagnosis Pointers Primary, Secondary ect.
- Unit Code and Units



> Service Authorization – if applicable

- Service Authorization #
- Referral # if applicable

■ Additional Service Line Information		
EPSDT Indicator:	Family Planning Indicator:	
Emergency Indicator:	Co-pay Status:	

> Additional Service Line Information – if applicable

- EPSDT Indicator
- Family Planning Indicator
- Emergency Indicator
- Co-pay Status



- > Is there Additional line-specific information/TPL to be entered?
 - No member does not have other insurance
 - Save New Line Item
 - SAVE CLAIM
 - SUBMIT CLAIM



- > Is there Additional line-specific information/TPL to be entered?
 - Yes Member has Other Insurance proceed to Slide 49 for instructions
 - Save & Add Other Svc Info/TPL

Print Help -

TCN:

Your claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

Claim Information

TCN: Date of Service: 03/20/2020 - 03/20/2020 Provider #: Member ID:

Claim Status: C - To Be Dnd

Total Charge: \$200.00

*To Be Paid Amount: \$0.00

*Co-Payment: \$0.00

*Total Recipient Liability: \$0.00

Submission Date/Time: Tue Mar 24 11:28:05 CDT 2020

*This may not be the actual amount. Please refer to your remittance advice for detailed payment information.

Adjustment Reason Codes

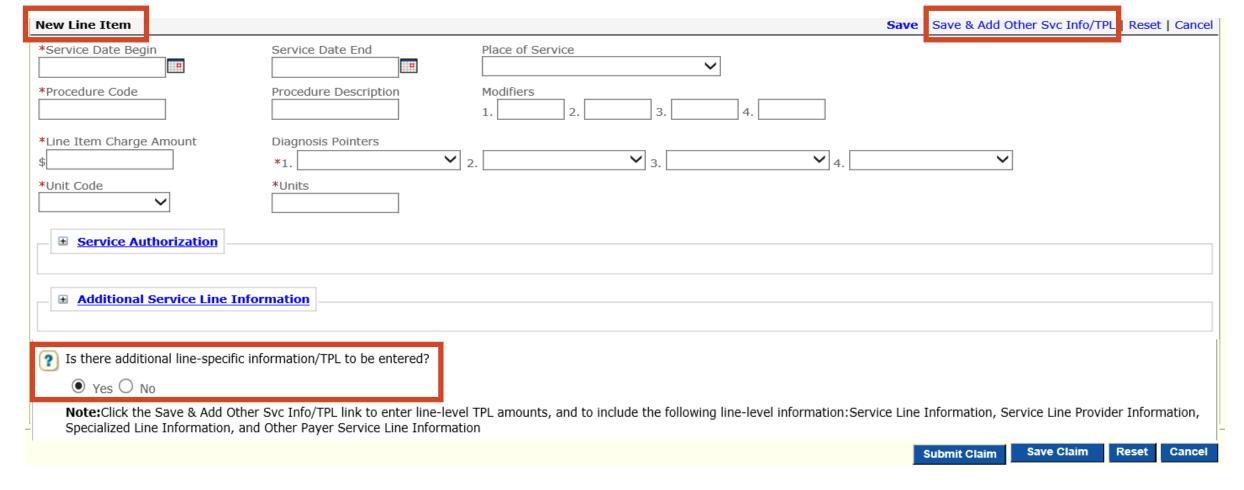
Line #	Adjustment Reason Code	Description
0	204	This service/equipment/drug is not covered under the patient?s current benefit plan
1	A1	Claim/Service denied. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
1	26	Expenses incurred prior to coverage.
1	27	Expenses incurred after coverage terminated.

1 - 4 of 4

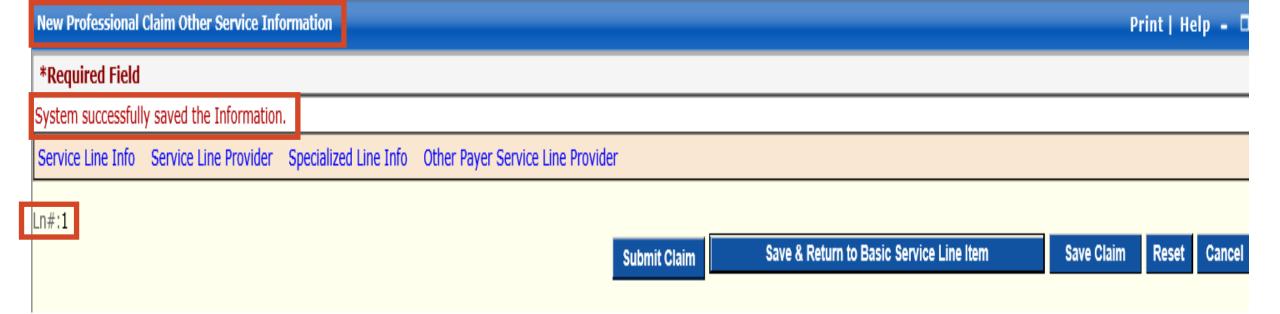
Remark Codes

Line #	Remark Code	Description	
No Data			





- > Is there Additional line-specific information/TPL to be entered?
 - **Yes** Member has Other Insurance
 - Save & Add Other Svc Info/TPL



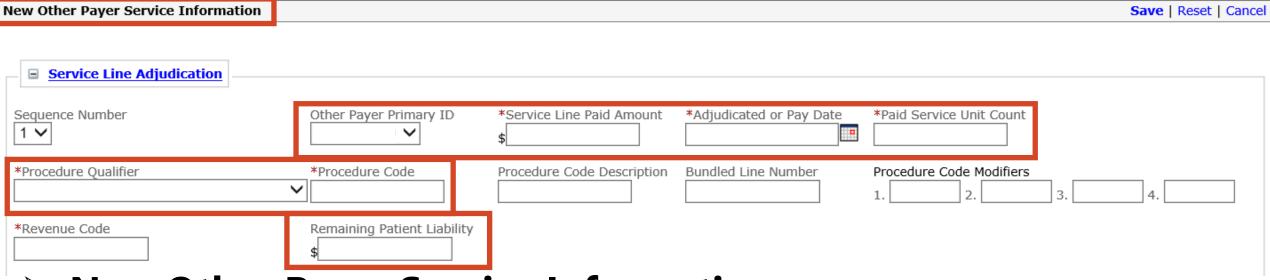
New Professional Claim Other Service Information

- System successfully saved the Information
 - ✓ Line # 1



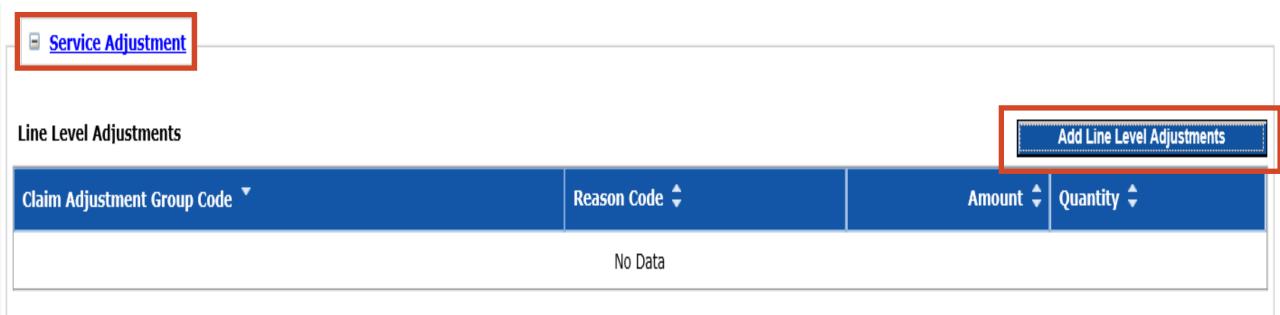
> Other Payer Service Line Information

Add Other Payer Service Information



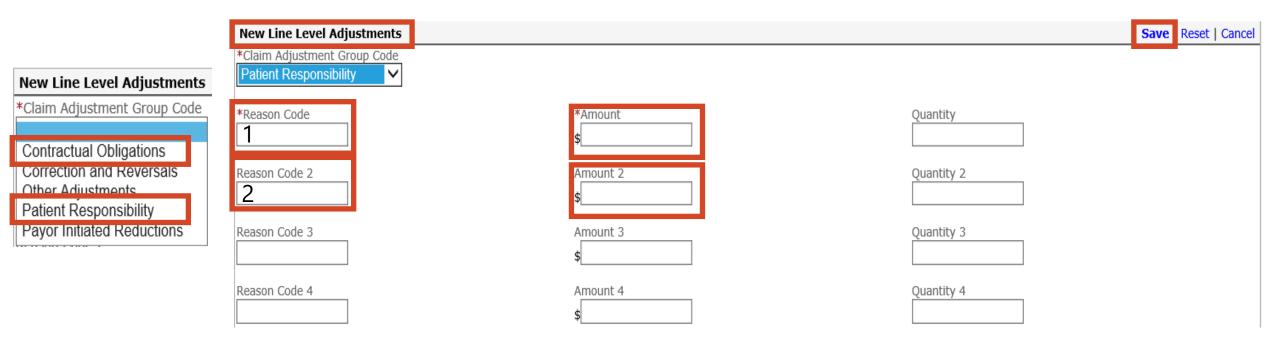
New Other Payer Service Information

- Service Line Adjudication
 - **✓ REQUIRED**
 - ✓ Other Payer Primary ID
 - ✓ Service Line Paid Amount
 - √ Adjudicated or Pay Date
 - ✓ Paid Service unit Count
 - ✓ Procedure Qualifier
 - ✓ Procedure Code
 - ✓ Revenue Code
 - ✓ Remaining Patient Liability



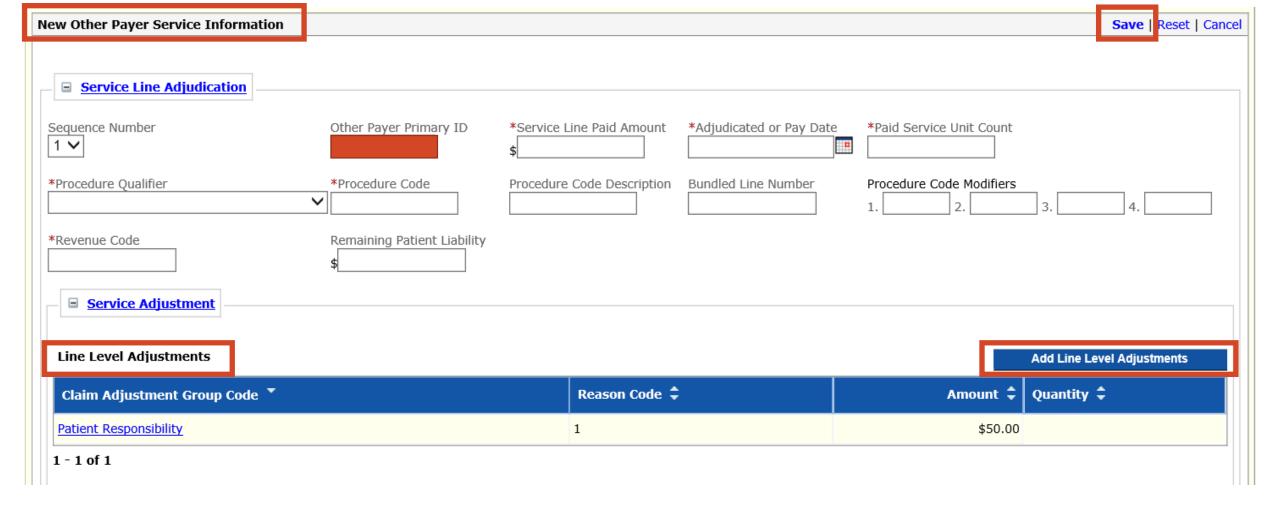
> Service Adjustment

Add line Level Adjustments



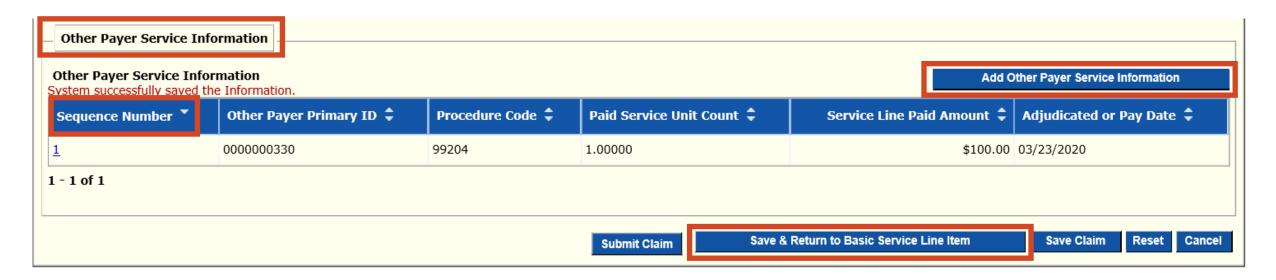
New Line Level Adjustments

- Claim Adjustment Group Code Patient Responsibility or Contractual Obligation
 - ✓ Only 1 Claim Adjustment Group Code may be selected at a time
- Reason Code and Amount (Do Not enter PR or CO in front of Reason Code)
 - ✓ Patient Responsibility up to 4 Reason Codes per detail line Save
 - ✓ Contractual Obligations up to 4 Reason Codes per detail line Save



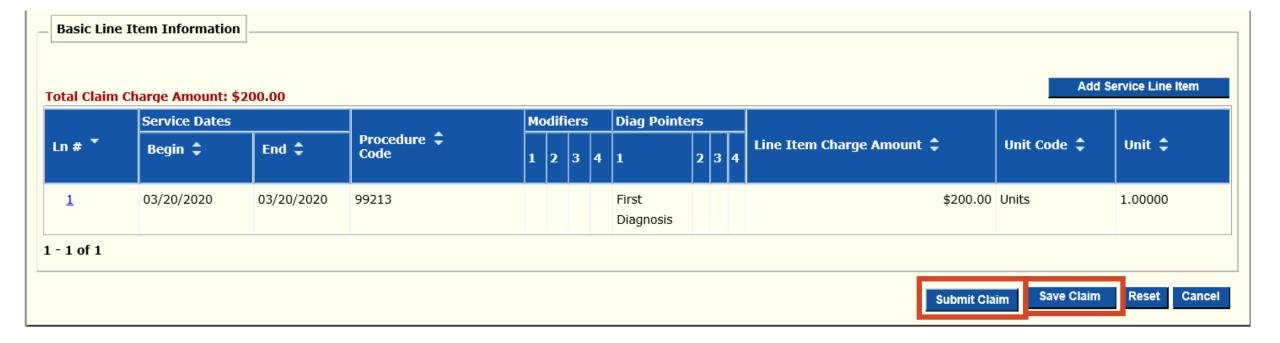
> New Other Payer Service Information

- Additional Adjustments Add Line Level Adjustments if applicable
- Verify Line Level Adjustments
- Save



> If the member has 2 Insurance Policies

- Add Other Payer Service Information
 - ✓ Complete a 2nd Sequence Number Repeat slides 39 44
 - ✓ Primary is Sequence Number #1
 - ✓ Secondary is Sequence Number #2
- > If the member has 1 insurance
- > Save & Return to Basic Service Line Item



- > Save Claim Needs to be done before submitting the claim
 - In order to re-submit the claim from a processed claim if need be
- > Submit Claim

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Provider #: Member ID:

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1 - 4 of 4

Remark Codes

Line #	Remark Code	Description	
No Data			

